

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Concerned American Voters

ADDRESS (number and street)

3030 Clarendon Blvd Ste 204

☐ Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525899

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edward King

Signature of Treasurer

Edward King

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Concerned American Voters

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		1869.32
(b) Cash on Hand at Beginning of Reporting Period.....	1869.32	
(c) Total Receipts (from Line 19)	70157.50	70157.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72026.82	72026.82
7. Total Disbursements (from Line 31)	84912.63	84912.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-12885.81	-12885.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Concerned American Voters

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
06		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

70157.50

70157.50

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

70157.50

70157.50

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

70157.50

70157.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

70157.50

70157.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

70157.50

70157.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	32139.65	32139.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	32139.65	32139.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	52772.98	52772.98
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84912.63	84912.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84912.63	84912.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	70157.50	70157.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70157.50	70157.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	32139.65	32139.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	32139.65	32139.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3528.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period

3528.00

In-kind - Room Rental - Best Western Hotel

Full Name (Last, First, Middle Initial)

B. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28538.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period

10.00

In-kind: Payment made to Google for Voice number

Full Name (Last, First, Middle Initial)

C. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28528.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period

25000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28538.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

32906.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.4639

Amount of Each Receipt this Period

4368.00

In-kind - Room Rental - Best Western Hotel

Full Name (Last, First, Middle Initial)

B. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

33157.50

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period

251.50

In-kind - Ticket - US Airways Kate Miucci

Full Name (Last, First, Middle Initial)

C. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

58157.50

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.4641

Amount of Each Receipt this Period

25000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29619.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 85
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

70157.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.4642

Amount of Each Receipt this Period

12000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

70157.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Baja Fresh

Mailing Address 3231 Duke St.

City State Zip Code
 Alexandria VA 22314

Purpose of Disbursement
 Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 05 19 2014

Transaction ID : SB21B.4691

Amount of Each Disbursement this Period

164.98

Full Name (Last, First, Middle Initial)

B. Baja Fresh

Mailing Address 3231 Duke St.

City State Zip Code
 Alexandria VA 22314

Purpose of Disbursement
 Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 05 24 2014

Transaction ID : SB21B.4717

Amount of Each Disbursement this Period

164.98

Full Name (Last, First, Middle Initial)

C. Baja Fresh

Mailing Address 3231 Duke St.

City State Zip Code
 Alexandria VA 22314

Purpose of Disbursement
 Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 06 02 2014

Transaction ID : SB21B.4753

Amount of Each Disbursement this Period

164.98

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

494.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Best Western

Mailing Address 6721 Commerce St.

City	State	Zip Code
Springfield	VA	22150

Purpose of Disbursement
Call agent lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB21B.4711

Amount of Each Disbursement this Period

4368.00

Full Name (Last, First, Middle Initial)

B. Best Western

Mailing Address 6721 Commerce St.

City	State	Zip Code
Springfield	VA	22150

Purpose of Disbursement
Call agent lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB21B.4737

Amount of Each Disbursement this Period

2184.00

Full Name (Last, First, Middle Initial)

C. Boston Market

Mailing Address 6650 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2014

Transaction ID : SB21B.4659

Amount of Each Disbursement this Period

231.79

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6783.79

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Boston Market

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2014
Transaction ID : SB21B.4684

Amount of Each Disbursement this Period

174.69

Full Name (Last, First, Middle Initial)

B. Boston Market

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : SB21B.4713

Amount of Each Disbursement this Period

231.79

Full Name (Last, First, Middle Initial)

C. Boston Market

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : SB21B.4744

Amount of Each Disbursement this Period

231.79

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

638.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Chipotle

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014
Transaction ID : SB21B.4681

Amount of Each Disbursement this Period

112.78

Full Name (Last, First, Middle Initial)

B. Chipotle

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014
Transaction ID : SB21B.4699

Amount of Each Disbursement this Period

17.91

Full Name (Last, First, Middle Initial)

C. Chipotle

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014
Transaction ID : SB21B.4741

Amount of Each Disbursement this Period

142.25

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

272.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Chipotle

Mailing Address 6770 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : SB21B.4763

Amount of Each Disbursement this Period

19.98

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 6000 N Terminal Pkwy

City	State	Zip Code
Atlanta	GA	30337

Purpose of Disbursement
Travel - Ticket Purchase

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SB21B.4676

Amount of Each Disbursement this Period

374.00

Full Name (Last, First, Middle Initial)

C. Dishes of India

Mailing Address 1510ABelle View Blvd

City	State	Zip Code
Alexandria	VA	22307

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB21B.4732

Amount of Each Disbursement this Period

222.60

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

616.58

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Famous Dave's

Mailing Address 6630 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 20 2014
Transaction ID : SB21B.4693

Amount of Each Disbursement this Period

209.64

Full Name (Last, First, Middle Initial)

B. Famous Dave's

Mailing Address 6630 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 01 2014
Transaction ID : SB21B.4748

Amount of Each Disbursement this Period

219.18

Full Name (Last, First, Middle Initial)

C. Five Guys

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 12 2014
Transaction ID : SB21B.4664

Amount of Each Disbursement this Period

201.09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

629.91

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Five Guys

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 19 2014

Transaction ID : SB21B.4690

Amount of Each Disbursement this Period

196.28

Full Name (Last, First, Middle Initial)

B. Five Guys

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 28 2014

Transaction ID : SB21B.4730

Amount of Each Disbursement this Period

182.88

Full Name (Last, First, Middle Initial)

C. Five Guys

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2014

Transaction ID : SB21B.4756

Amount of Each Disbursement this Period

149.38

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

528.54

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Frontier

Mailing Address 7001 Tower Rd.

City	State	Zip Code
Denver	CO	80249

Purpose of Disbursement
Travel expense - Airline Ticket

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB21B.4734

Amount of Each Disbursement this Period

222.00

Full Name (Last, First, Middle Initial)

B. Frontier

Mailing Address 7001 Tower Rd.

City	State	Zip Code
Denver	CO	80249

Purpose of Disbursement
Travel expense - cab fare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : SB21B.4762

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Giant

Mailing Address 6800 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SB21B.4728

Amount of Each Disbursement this Period

146.36

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

388.36

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Concerned American Voters

A. Giant

Mailing Address 6800 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement	Call agent food
-------------------------	-----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4747

Amount of Each Disbursement this Period

31.09

B. Giant

Full Name (Last, First, Middle Initial)

Mailing Address 6800 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.4751

Amount of Each Disbursement this Period

Response	Percentage
Yes	44.98
No	55.02

C. Jimmy John's

Full Name (Last, First, Middle Initial)

Mailing Address 6305 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Date of Disbursement

Transaction ID : SB21B.4670

Amount of Each Disbursement this Period

103.86

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

179.93

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Jimmy John's

Mailing Address 6305 Richmond Hwy

City State Zip Code
 Alexandria VA 22306

Purpose of Disbursement
 Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 05 17 2014

Transaction ID : SB21B.4685

Amount of Each Disbursement this Period

103.86

Full Name (Last, First, Middle Initial)

B. Jimmy John's

Mailing Address 6305 Richmond Hwy

City State Zip Code
 Alexandria VA 22306

Purpose of Disbursement
 Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 05 22 2014

Transaction ID : SB21B.4708

Amount of Each Disbursement this Period

101.74

Full Name (Last, First, Middle Initial)

C. Jimmy John's

Mailing Address 6305 Richmond Hwy

City State Zip Code
 Alexandria VA 22306

Purpose of Disbursement
 Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 05 29 2014

Transaction ID : SB21B.4736

Amount of Each Disbursement this Period

101.74

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

307.34

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. New China Taste

Mailing Address 5910 N Kings Hwy

City Alexandria State VA Zip Code 22303

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2014
Transaction ID : SB21B.4668

Amount of Each Disbursement this Period

230.00

Full Name (Last, First, Middle Initial)

B. NorthStar Campaign SystemsMailing Address 11237 Davenport St.
Ste 110B

City Omaha State NE Zip Code 68156

Purpose of Disbursement
CRM System Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014
Transaction ID : SB21B.4680

Amount of Each Disbursement this Period

1475.00

Full Name (Last, First, Middle Initial)

C. NorthStar Campaign SystemsMailing Address 11237 Davenport St.
Ste 110B

City Omaha State NE Zip Code 68156

Purpose of Disbursement
CRM Monthly Service Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2014
Transaction ID : SB21B.4770

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2455.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Paisano's Pizza

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2014
Transaction ID : SB21B.4688

Amount of Each Disbursement this Period

134.44

Full Name (Last, First, Middle Initial)

B. Paisano's Pizza

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : SB21B.4714

Amount of Each Disbursement this Period

126.03

Full Name (Last, First, Middle Initial)

C. Paisano's Pizza

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014
Transaction ID : SB21B.4731

Amount of Each Disbursement this Period

139.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

399.91

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Paisano's Pizza

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SB21B.4755

Amount of Each Disbursement this Period

203.03

Full Name (Last, First, Middle Initial)

B. Panda Express

Mailing Address 6307 Richmond Hwy

City Richmond State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 26 / 2014

Transaction ID : SB21B.4724

Amount of Each Disbursement this Period

147.34

Full Name (Last, First, Middle Initial)

C. PASS

Mailing Address 1950 Roland Clarke Place
Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
FEC Compliance Reporting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SB21B.4679

Amount of Each Disbursement this Period

4600.83

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4951.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Potbelly's Sandwiches

Mailing Address 401 John Caryle St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014
Transaction ID : SB21B.4727

Amount of Each Disbursement this Period

184.40

Full Name (Last, First, Middle Initial)

B. Target

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2014
Transaction ID : SB21B.4720

Amount of Each Disbursement this Period

110.15

Full Name (Last, First, Middle Initial)

C. Target

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2014
Transaction ID : SB21B.4722

Amount of Each Disbursement this Period

25.96

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.51

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Concerned American Voters

A. United Airlines

Mailing Address 600 Jefferson St Ste 1900

City	State	Zip Code
Houston	TX	77002

Purpose of Disbursement	Travel - ticket purchase
-------------------------	--------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4716

Amount of Each Disbursement this Period

309.00

Full Name (Last, First, Middle Initial)

B. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
General Operations - office supplies

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

05 / 06 / 2014

Transaction ID : SB21B.4648

Amount of Each Disbursement this Period

432.71

Full Name (Last, First, Middle Initial)

C. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
General Operations - Office supplies

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4658

Amount of Each Disbursement this Period

12.23

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

753.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
General Operations - Office supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SB21B.4671

Amount of Each Disbursement this Period

100.97

Full Name (Last, First, Middle Initial)

B. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
General Operations - Office supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SB21B.4673

Amount of Each Disbursement this Period

3.04

Full Name (Last, First, Middle Initial)

C. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
General Operations - Office supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SB21B.4678

Amount of Each Disbursement this Period

75.40

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

179.41

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SB21B.4683

Amount of Each Disbursement this Period

53.11

Full Name (Last, First, Middle Initial)

B. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2014

Transaction ID : SB21B.4689

Amount of Each Disbursement this Period

65.21

Full Name (Last, First, Middle Initial)

C. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : SB21B.4709

Amount of Each Disbursement this Period

93.14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

211.46

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Wal-Mart

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
General Operations - Office supplies

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 23 2014
Transaction ID : SB21B.4715

Amount of Each Disbursement this Period

36.65

Full Name (Last, First, Middle Initial)

B. Wal-Mart

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 26 2014
Transaction ID : SB21B.4725

Amount of Each Disbursement this Period

48.69

Full Name (Last, First, Middle Initial)

C. Wal-Mart

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
General Operations - Office supplies

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 26 2014
Transaction ID : SB21B.4726

Amount of Each Disbursement this Period

17.96

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

103.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 85

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Wal-Mart

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2014
Transaction ID : SB21B.4759

Amount of Each Disbursement this Period

36.65

Full Name (Last, First, Middle Initial)

B. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City Arlington State VA Zip Code 22202

Purpose of Disbursement
In-kind - Room Rental - Best Western Hotel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014
Transaction ID : SB21B.4646

Amount of Each Disbursement this Period

3528.00

Full Name (Last, First, Middle Initial)

C. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City Arlington State VA Zip Code 22202

Purpose of Disbursement
In-kind: Payment made to Google for Voice number

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014
Transaction ID : SB21B.4645

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3574.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement
In-kind - Room Rental - Best Western Hotel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

Transaction ID : SB21B.4644

Amount of Each Disbursement this Period

4368.00

Full Name (Last, First, Middle Initial)

B. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement
In-kind - Ticket - US Airways Kate Miucci

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2014

Transaction ID : SB21B.4643

Amount of Each Disbursement this Period

251.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4619.50

29182.54

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Becca Adkins			Date of Public Distribution/Dissemination MM / MM / YYYY 05 / 16 / 2014		
Mailing Address 10309 Waterford Ln			Amount 80.00		
City Fredericksburg		State VA	Zip Code 22408		Transaction ID : SE.4839
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/Type 001		Date of Disbursement or Obligation MM / MM / YYYY 05 / 16 / 2014	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought 9988.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Becca Adkins			Date of Public Distribution/Dissemination MM / MM / YYYY 05 / 23 / 2014		
Mailing Address 10309 Waterford Ln			Amount 180.00		
City Fredericksburg		State VA	Zip Code 22408		Transaction ID : SE.4875
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/Type 001		Date of Disbursement or Obligation MM / MM / YYYY 05 / 23 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 12541.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			260.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / MM / YYYY 10 / 02 / 2014		

Full Name of Payee Gabriel Aquino		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 14508 Kestral Ct		Amount 240.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : SE.4845 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 11668.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gabriel Aquino		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 14508 Kestral Ct		Amount 240.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : SE.4864
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought	10001.61	Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Gabriel Aquino		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 14508 Kestral Ct		Amount 175.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : SE.4906 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		35544.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>415.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee CAV call agent salary		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 3030 Clarendon Blvd Ste 204		Amount 4780.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.4793
Purpose of Expenditure Call agent salary - Phone bank (5/22/14 - 5/25/14)	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014	
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought	7479.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1075 1650 1364 1656"> <tr><td data-bbox="1075 1650 1364 1656">9080.00</td></tr> </table>	9080.00
9080.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1075 1656 1364 1661"> <tr><td data-bbox="1075 1656 1364 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1075 1661 1364 1669"> <tr><td data-bbox="1075 1661 1364 1669"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee CAV call agent salary			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 3030 Clarendon Blvd Ste 204			Amount 9999.99 4980.00		
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.4802 Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014		
Purpose of Expenditure Call agent salary - Phone bank (5/26/14 - 5/30/14)		Category/Type 001			
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 9999.99 21308.14			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CAV call agent salary			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014		
Mailing Address 3030 Clarendon Blvd Ste 204			Amount 9999.99 3145.00		
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.4807 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014		
Purpose of Expenditure Call agent salary - Phone bank (5/31/14 - 6/3/2014)		Category/Type 001			
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 9999.99 33423.45			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9999.99 8125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			9999.99		
(c) TOTAL Independent Expenditures..... ▶			9999.99		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date MM / DD / YYYY 10 / 02 / 2014		

[Electronically Filed]

Full Name of Payee Grace Charleton		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 13811 Turtle Ct		Amount 240.00	
City Gainesville	State VA	Zip Code 20155	Transaction ID : SE.4865
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought	10241.61	Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="float: right; margin-top: -20px;">480.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					

Full Name of Payee Grace Charleton			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 13811 Turtle Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">240.00</div>		
City Gainesville	State VA	Zip Code 20155	Transaction ID : SE.4887		
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24644.26</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Grace Charleton			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 13811 Turtle Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">175.00</div>		
City Gainesville	State VA	Zip Code 20155	Transaction ID : SE.4907		
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35719.66</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">415.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King
 Signature

[Electronically Filed] Date

10

 /

02

 /

2014

Full Name of Payee Marc Connuck		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 1344 Buford Dr		Amount 240.00	
City Yardley	State PA	Zip Code 19067	Transaction ID : SE.4894
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 26324.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Marc Connuck		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 1344 Buford Dr		Amount 40.00	
City Yardley	State PA	Zip Code 19067	Transaction ID : SE.4917
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 37249.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick D'Auteuil		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 432 Sycamore Dr, #3		Amount 480.00	
City Decatur	State GA	Zip Code 30030	Transaction ID : SE.4840
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought 10468.11		District: 02 State: ID Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nick D'Auteuil		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 432 Sycamore Dr, #3		Amount 480.00	
City Decatur	State GA	Zip Code 30030	Transaction ID : SE.4858
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		8561.61	

Full Name of Payee Nick D'Auteuil		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 432 Sycamore Dr, #3		Amount 480.00	
City Decatur	State GA	Zip Code 30030	Transaction ID : SE.4878
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		22964.26	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	960.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY
10 / 02 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nick D'Auteuil			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014		
Mailing Address 432 Sycamore Dr, #3			Amount 350.00		
City Decatur	State GA	Zip Code 30030	Transaction ID : SE.4900		
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 34494.66			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Fellner			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 9 West Rd			Amount 240.00		
City Mahwah	State NJ	Zip Code 07430	Transaction ID : SE.4852		
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014		
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID		
Calendar Year-To-Date Per Election for Office Sought 13348.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			590.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date MM / DD / YYYY 10 / 02 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Michael Fellner			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 9 West Rd			Amount 240.00		
City Mahwah	State NJ	Zip Code 07430	Transaction ID : SE.4872		
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 11921.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Michael Fellner			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 9 West Rd			Amount 240.00		
City Mahwah	State NJ	Zip Code 07430	Transaction ID : SE.4895		
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 26564.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			480.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u>			Date MM / DD / YYYY 10 / 02 / 2014		

[Electronically Filed]

Full Name of Payee Michael Fellner		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 9 West Rd		Amount 175.00	
City Mahwah	State NJ	Zip Code 07430	Transaction ID : SE.4912 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 36594.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mariya Frolove		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 4535 Papillion Ct		Amount 80.00	
City Fredericksburg	State VA	Zip Code 22408	Transaction ID : SE.4857 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 14208.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	255.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Levi Gourdie		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 8801 Horizon Dr		Amount 200.00	
City Traverse City	State MI	Zip Code 49686	Transaction ID : SE.4874
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 12361.61		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>240.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date _____

Signature

Three examples of binary representations are shown, each in a box with a label above it. The first box is labeled 'M M' and contains the binary number '10'. The second box is labeled 'D D' and contains the binary number '02'. The third box is labeled 'Y Y Y Y' and contains the binary number '2014'.

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 09 / 2014	
Mailing Address PO Box 37046		Amount 1553.88	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.4775
Purpose of Expenditure List purchase	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2014
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought	1553.88	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1793.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Edward King

[Electronically Filed]

Date 10 / 02 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee i360			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014		
Mailing Address PO Box 37046			Amount 1499.16		
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.4923		
Purpose of Expenditure List purchase		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 22 / 2014		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 2099.12			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sean Ingram			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 81 CR 3089			Amount 240.00		
City Double Springs	State AL	Zip Code 35553	Transaction ID : SE.4853		
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014		
Name of Federal Candidate BRYAN SMITH			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID		
Calendar Year-To-Date Per Election for Office Sought 13588.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1739.16		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date MM / DD / YYYY 10 / 02 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 47 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00525899</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Sean Ingram			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 23 / 2014</div>		
Mailing Address 81 CR 3089			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div>		
City Double Springs		State AL	Zip Code 35553		Transaction ID : SE.4873
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 23 / 2014</div>	
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sean Ingram			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>		
Mailing Address 81 CR 3089			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div>		
City Double Springs		State AL	Zip Code 35553		Transaction ID : SE.4898
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">480.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2014</div>		
[Electronically Filed]					

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>315.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nathaniel Kelley			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 7402 Willshire Hunt Ct			Amount 180.00		
City Springfield	State VA	Zip Code 22153	Transaction ID : SE.4876		
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 12721.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nathaniel Kelley			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 7402 Willshire Hunt Ct			Amount 240.00		
City Springfield	State VA	Zip Code 22153	Transaction ID : SE.4896		
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 26804.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			420.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date MM / DD / YYYY 10 / 02 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nathaniel Kelley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2014	
Mailing Address 7402 Willshire Hunt Ct		Amount 90.00	
City Springfield	State VA	Zip Code 22153	Transaction ID : SE.4916
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Daniel Kendrick		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014	
Mailing Address 107 Pickens St		Amount 200.00	
City Eutaw	State AL	Zip Code 35462	Transaction ID : SE.4854
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		290.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 51 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Daniel Kendrick		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 107 Pickens St		Amount 240.00		
City Eutaw	State AL	Zip Code 35462	Transaction ID : SE.4862	
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
		9521.61		
Full Name of Payee Daniel Kendrick		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 107 Pickens St		Amount 240.00		
City Eutaw	State AL	Zip Code 35462	Transaction ID : SE.4884	
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
		23924.26		
(a) SUBTOTAL of Itemized Independent Expenditures.....		480.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Edward King</i>		Date MM / DD / YYYY 10 / 02 / 2014		
		[Electronically Filed]		

Full Name of Payee Jared LeSage		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 3937 Picasso Ct		Amount 240.00	
City Charlotte	State NC	Zip Code 28205	Transaction ID : SE.4849
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 12628.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jared LeSage		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 3937 Picasso Ct		Amount 240.00	
City Charlotte	State NC	Zip Code 28205	Transaction ID : SE.4868
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		10961.61	

Full Name of Payee Jared LeSage		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 3937 Picasso Ct		Amount 240.00	
City Charlotte	State NC	Zip Code 28205	Transaction ID : SE.4890
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		25364.26	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	480.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY
10 / 02 / 2014

Signature

Full Name of Payee Christian Lockamy		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 1089 Aman Dairy Rd		Amount 240.00	
City Dunn	State NC	Zip Code 28334	Transaction ID : SE.4842
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 10948.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Edward King

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Date 10 / 02 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christian Lockamy			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014		
Mailing Address 1089 Aman Dairy Rd			Amount 175.00		
City Dunn	State NC	Zip Code 28334	Transaction ID : SE.4902		
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 34844.66			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kathleen Miucci			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 1262 Missouri St			Amount 240.00		
City San Diego	State CA	Zip Code 92109	Transaction ID : SE.4850		
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014		
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID		
Calendar Year-To-Date Per Election for Office Sought 12868.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			415.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date MM / DD / YYYY 10 / 02 / 2014		

[Electronically Filed]

Full Name of Payee Kathleen Miucci		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 1262 Missouri St		Amount 240.00	
City San Diego	State CA	Zip Code 92109	Transaction ID : SE.4891
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought	25604.26		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>480.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date _____

Signature

Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 10 / 2014</div> </div>	
Mailing Address 11237 Davenport St. Ste 110B		Amount <div> <div>Amount</div> <div>285.33</div> </div>	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4777 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 10 / 2014</div> </div>
Purpose of Expenditure Phone minutes		Category/ Type <div> <div>Category/Type</div> <div>001</div> </div>	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>1839.21</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	460.33
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Edward King

[Electronically Filed]

Date 10 / 02 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2014		
Mailing Address 11237 Davenport St. Ste 110B			Amount 297.77		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4778
Purpose of Expenditure Phone minutes		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 11 / 2014	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought 2136.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 12 / 2014		
Mailing Address 11237 Davenport St. Ste 110B			Amount 602.93		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4779
Purpose of Expenditure Phone minutes		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2014	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought 2739.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			900.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u>			Date MM / DD / YYYY 10 / 02 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 60 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00525899</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 13 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">658.97</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4780
Purpose of Expenditure Phone minutes		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 13 / 2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3398.88</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 14 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">644.19</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4781
Purpose of Expenditure Phone minutes		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 14 / 2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4043.07</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1303.16</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 61 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 671.00	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4782
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 894.04	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4783
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1565.04	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date MM / DD / YYYY 10 / 02 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 17 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">708.11</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4789
Purpose of Expenditure Phone minutes		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 17 / 2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">14916.22</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">500.14</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4785
Purpose of Expenditure Phone minutes		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">15416.36</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1208.25</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 02 / 2014</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 63 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2014		
Mailing Address 11237 Davenport St. Ste 110B		Amount 917.84		
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4786	
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2014	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		16334.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2014		
Mailing Address 11237 Davenport St. Ste 110B		Amount 705.42		
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4787	
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		17039.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1623.26		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Edward King</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 02 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination 05 / 21 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount -1556.30	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4811
Purpose of Expenditure Phone minutes adjustment for 5/11/14 to 5/20/14		Category/Type 001	Date of Disbursement or Obligation 05 / 21 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought 15483.32		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination 05 / 22 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 599.96	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4792
Purpose of Expenditure Phone minutes		Category/Type 001	Date of Disbursement or Obligation 05 / 22 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 599.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		-956.34	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Edward King</u>		Date 10 / 02 / 2014	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 65 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 22 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 599.96	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4928
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 22 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 602.53	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4794
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1202.49	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2014	
		[Electronically Filed]	

Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 25 / 2014</div> </div>	
Mailing Address 11237 Davenport St. Ste 110B		Amount <div> <div>Amount</div> <div>406.58</div> </div>	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4797 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 25 / 2014</div> </div>
Purpose of Expenditure Phone minutes		Category/ Type	<div>001</div>
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>13890.21</div> </div>	District: <u>07</u> State: <u>CA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1028.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2014		
Mailing Address 11237 Davenport St. Ste 110B			Amount 705.87		
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4798 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2014		
Purpose of Expenditure Phone minutes		Category/ Type 001			
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA		
Calendar Year-To-Date Per Election for Office Sought 14596.08			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 458.34	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4799 Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014
Purpose of Expenditure Phone minutes		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 15054.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>1164.21</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 450.45	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4800
Purpose of Expenditure Phone minutes	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2014	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 823.27	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4801
Purpose of Expenditure Phone minutes	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1273.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

Signature

[Electronically Filed]

Date

MM / DD / YYYY

10 / 02 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1176.12</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4803
Purpose of Expenditure Phone minutes		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA <input type="checkbox"/> President <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 31 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1059.39</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4804
Purpose of Expenditure Phone minutes		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 31 / 2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA <input type="checkbox"/> President <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2235.51</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2014</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 70 OF 85
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 820.50	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4805
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 934.30	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4806
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1754.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 03 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">721.21</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4808
Purpose of Expenditure Phone minutes		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 03 / 2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">34144.66</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Elijah O'Kelley			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 16 / 2014</div>		
Mailing Address 1511 Choyce Johnson Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">240.00</div>		
City Statham		State GA	Zip Code 30666		Transaction ID : SE.4844
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 16 / 2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11428.11</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">961.21</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2014</div>		

Full Name of Payee Elijah O'Kelley		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 1511 Choyce Johnson Rd		Amount 240.00	
City Statham	State GA	Zip Code 30666	Transaction ID : SE.4885
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought	24164.26	Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Thomas Papperman		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 21 Hillview Ter		Amount 200.00	
City Waterford	State NY	Zip Code 12188	Transaction ID : SE.4855
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		13988.11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	375.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Edward King

[Electronically Filed]

Date 10 / 02 / 2014

Signature _____

Full Name of Payee Jacob Pritchett		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 713 West 19th St		Amount 240.00	
City Tempe	State AZ	Zip Code 85281	Transaction ID : SE.4867
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 10721.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);">10</div> <div style="position: absolute; top: -10px; left: 20%;">10</div> <div style="position: absolute; top: -10px; left: 40%;">10</div> <div style="position: absolute; top: -10px; left: 60%;">10</div> <div style="position: absolute; top: -10px; left: 80%;">10</div> <div style="position: absolute; top: -10px; left: 100%;">10</div> </div> <div style="text-align: right; font-weight: bold;">480.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);">10</div> <div style="position: absolute; top: -10px; left: 20%;">10</div> <div style="position: absolute; top: -10px; left: 40%;">10</div> <div style="position: absolute; top: -10px; left: 60%;">10</div> <div style="position: absolute; top: -10px; left: 80%;">10</div> <div style="position: absolute; top: -10px; left: 100%;">10</div> </div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);">10</div> <div style="position: absolute; top: -10px; left: 20%;">10</div> <div style="position: absolute; top: -10px; left: 40%;">10</div> <div style="position: absolute; top: -10px; left: 60%;">10</div> <div style="position: absolute; top: -10px; left: 80%;">10</div> <div style="position: absolute; top: -10px; left: 100%;">10</div> </div> </div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jacob Pritchett		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 713 West 19th St		Amount 240.00	
City Tempe	State AZ	Zip Code 85281	Transaction ID : SE.4889 Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 25124.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jacob Pritchett		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 713 West 19th St		Amount 175.00	
City Tempe	State AZ	Zip Code 85281	Transaction ID : SE.4908 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought		35894.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>415.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Steven Ramirez		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 2914 W Corrine Dr		Amount 175.00	
City Phoenix	State AZ	Zip Code 85029	Transaction ID : SE.4915 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought		37119.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	355.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

MM / DD / YYYY

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kevin Renfrow		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 23 / 2014</div> </div>	
Mailing Address 1355 S Bay Rd		Amount <div> <div>MM / DD / YYYY</div> <div>240.00</div> </div>	
City Toledo	State OR	Zip Code 97391	Transaction ID : SE.4870 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 23 / 2014</div> </div>
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>11441.61</div> </div>		District: 07 State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 78 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Kevin Renfrow			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 1355 S Bay Rd			Amount 240.00		
City Toledo	State OR	Zip Code 97391	Transaction ID : SE.4892		
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 25844.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kevin Renfrow			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014		
Mailing Address 1355 S Bay Rd			Amount 175.00		
City Toledo	State OR	Zip Code 97391	Transaction ID : SE.4911		
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 36419.66			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			415.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 02 / 2014		

Full Name of Payee Nick Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 14 Farmstead Rd		Amount 240.00	
City Commack	State NY	Zip Code 11725	Transaction ID : SE.4897
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 27044.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	380.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Aaron Spradlin		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 1661 Grayson Tpk		Amount 240.00	
City Wytheville	State VA	Zip Code 24382	Transaction ID : SE.4841
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought	10708.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>415.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Edward King

Signature

[Electronically Filed]

Date 

Full Name of Payee Aaron Spradlin		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 1661 Grayson Tpke		Amount 240.00	
City Wytheville	State VA	Zip Code 24382	Transaction ID : SE.4881
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought 23204.26		District: 07 State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Edward King

[Electronically Filed]

Date 10 / 02 / 2014

Signature _____

Full Name of Payee Aaron Spradlin		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 1661 Grayson Tpke		Amount 175.00	
City Wytheville	State VA	Zip Code 24382	Transaction ID : SE.4901
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 34669.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jaclyn Tupek		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 4966 Sentinel Dr, #101		Amount 240.00	
City Bethesda	State MD	Zip Code 20816	Transaction ID : SE.4847 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/ Type 001	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 12148.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>415.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 83 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jaclyn Tupek			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 4966 Sentinel Dr, #101			Amount 240.00		
City Bethesda	State MD	Zip Code 20816	Transaction ID : SE.4866		
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 10481.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jaclyn Tupek			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 4966 Sentinel Dr, #101			Amount 240.00		
City Bethesda	State MD	Zip Code 20816	Transaction ID : SE.4888		
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 24884.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			480.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 02 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 84 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 531 Winthron Ct			Amount 240.00		
City Murfreesboro	State TN	Zip Code 37128	Transaction ID : SE.4843		
Purpose of Expenditure Call agent pay - Phone bank (5/10/14 - 5/16/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014		
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought		11188.11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 531 Winthron Ct			Amount 240.00		
City Murfreesboro	State TN	Zip Code 37128	Transaction ID : SE.4861		
Purpose of Expenditure Call agent pay - Phone bank (5/17/14 - 5/23/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014		
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought		9281.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			480.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 02 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 85 OF 85
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 531 Winthron Ct			Amount 240.00		
City Murfreesboro	State TN	Zip Code 37128	Transaction ID : SE.4883		
Purpose of Expenditure Call agent pay - Phone bank (5/24/14 - 5/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 23684.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014		
Mailing Address 531 Winthron Ct			Amount 175.00		
City Murfreesboro	State TN	Zip Code 37128	Transaction ID : SE.4903		
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 35019.66			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			415.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			52772.98		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u>			Date MM / DD / YYYY 10 / 02 / 2014		

[Electronically Filed]